

California State Library  
Library Services and Technology Act (LSTA)  
Fiscal Year \_\_\_\_\_

**APPLICATION (LSTA 6)**

Submit in five (5) copies to be received by 4:30 p.m. on the date specified in the LSTA Planning Calendar, to Attn: Jay Cunningham, Library Development Services, California State Library, P.O. Box 942837, Sacramento, CA 94237-0001, for mail. (Non-postal delivery: 900 N Street, Suite 500, Sacramento, CA 95814). FAX is not acceptable. INFORMATION: Tel. (916) 653-5217.

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1. Project title:

2. Applicant organization/jurisdiction:

3. Address:

\_\_\_\_\_

\_\_\_\_\_

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4. Applicant contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from #3): \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. District: Assembly \_\_\_\_\_ State Senate \_\_\_\_\_ House \_\_\_\_\_

6. Population: Client \_\_\_\_\_ Total \_\_\_\_\_

7. Participants other than applicant: (*grant recipient signs only on page 11*)

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SIGNATURE

LIBRARY/AGENCY

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8. Amount of LSTA requested: \$\_\_\_\_\_ IF Continuation: From FY\_\_\_\_\_

Project Title:

Applicant Jurisdiction:

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9. Project Summary: complete in space provided. BE SURE TO USE 12 POINT TYPE.

**State Plan Reference (e.g. "Goal C. S-T #1"):**

**(Limit this summary to one page only)**

Project Title: \_\_\_\_\_

Applicant Jurisdiction: \_\_\_\_\_

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10{PRIVATE }. Budget  
Summary

- a. Salaries & Benefits
- b. Library Materials
- c. Operation
- d. Equipment (\$5K+)
- e. Total for Objectives
- f. Indirect Cost
- g. TOTAL

| LSTA<br>(1) | Other funds<br>(2) | In-kind<br>(3) | Total<br>(4) |
|-------------|--------------------|----------------|--------------|
|             |                    |                |              |
|             |                    |                |              |
|             |                    |                |              |
|             |                    |                |              |
|             |                    |                |              |
|             |                    |                |              |
|             |                    |                |              |

11. Client needs and project goals.

Project Title:

Applicant Jurisdiction:

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12. Measurable objectives to reach goals.

13. Project actions in time sequence.

Project Title:

Applicant Jurisdiction:

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14. Personnel requirements and staff training.

15. Public relations plan.

Project Title:

Applicant Jurisdiction:

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16. Statewide significance.

17. Evaluation.

Project Title:

Applicant Jurisdiction:

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18. Methods of continuation:

A. Local

B. Statewide

Applicant Jurisdiction:

19. Program budget: LSTA funds requested. (Use extra pages if more than 3 objectives.)

|   | (1) | (2) | (3) | Total<br>(4) |
|---|-----|-----|-----|--------------|
| a. Salaries:  |     |     |     |              |
| list personnel (use part 19. for detail and to explain) |     |     |     |              |
| Benefits:   |     |     |     |              |
| @ ____%   |     |     |     |              |
| SUBTOTAL  |     |     |     |              |
| b. Library Materials:                                   |     |     |     |              |
| SUBTOTAL  |     |     |     |              |
| c. Operation:   |     |     |     |              |
| Contracts   |     |     |     |              |
| Equipment (under \$5,000)                               |     |     |     |              |
| Comp. software  |     |     |     |              |
| Database sub's.   |     |     |     |              |
| Postage   |     |     |     |              |
| Printing  |     |     |     |              |
| Supplies  |     |     |     |              |
| Telecom   |     |     |     |              |
| Travel  |     |     |     |              |
| Other (specify):  |     |     |     |              |
| SUBTOTAL  |     |     |     |              |



Project Title:

Applicant Jurisdiction:

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19. Program budget: LSTA funds requested, cont'd.

|   | <u>(1)</u> | <u>(2)</u> | <u>(3)</u> | Total<br>(4) |
|---|------------|------------|------------|--------------|
| d. Equipment (over<br>\$5,000)                        |            |            |            |              |
| <br>SUBTOTAL  |            |            |            |              |
| e. TOTAL FOR OBJECTIVES                               |            |            |            |              |
| <br>f. Indirect cost, maximum 10%<br>of line e. TOTAL |            |            |            |              |

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g. **TOTAL LSTA**

h. Other funds

SUBTOTAL

i. In-kind

SUBTOTAL

j. **TOTAL PROJECT**

Project Title:

Applicant Jurisdiction:

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20. Narrative support for budget.

Project Title:

Applicant Jurisdiction:

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21. Certification.

- a. I affirm that the jurisdiction or agency named below is the legally designated fiscal agent for this program and is authorized to receive and expend funds for the conduct of this program.
- b. I affirm that any or all other agencies participating in the program have agreed to the terms of the application/grant award, and have entered into an agreement(s) concerning the final disposition of equipment, facilities, and materials purchased for this program from the funds awarded for the activities and services described in the attached, as approved and/or as amended, application.

(Signed):

Authorized representative (For schools, should be Principal/Supt.)

Date

(Printed):

Name and title

Organization:

Street/mail address:

City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP+4:

Telephone: \_\_\_\_\_ FAX:

INTERNET E-mail:

A:LSTAAPP6A.001